

# Marathon Pipe Line LLC

539 South Main Street Findlay, OH 45840 Telephone: (419) 421-3295

September 22, 2009

Ronnie Thomson Division of Water – KPDES Branch Operational Permits Section 200 Fair Oaks Lane Frankfort, KY 40601

Re:

Permit Renewal Application

KPDES Permit KY0093726

Dear Mr. Thomson:

Per your written request dated September 3, 2009 regarding the above referenced Permit Application – KPDES Permit KY0093726, please find enclosed KPDES Form F.

Please feel free to contact me with questions or concerns at 419-421-3295.

Thomas A. Ross

ES&R Professional Marathon Pipe Line LLC

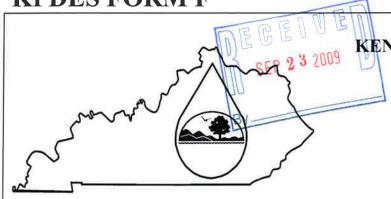
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Enclosures

Cc: Kentucky NPDES Permit File

# Form F

# KPDES FORM F



# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

# PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number		B. Latitude			C. Longit	ude	D. Receiving Water (name)	
001 & 002	37	46	37N	87	04	21N	Unamed tributary to yellow creek	
005 & 006	37	51	47N	85	43	1W	Road Ditch	
007	38	5	24N	85	26	24W	Road Ditch	
010	38	21	18N	82	36	48N	Unamed tributary to Campbell Run	
							ANNA	

#### II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

Identification of Conditions,     Agreements, Etc.	No.	Affected Outfalls     Source of Discharge	<ol> <li>Brief Description of Project</li> </ol>	4. Final Co a. req.	mpliance Date b. proj.
N/A	1				
	1				
	-				
	1				

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

#### III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

	TIVE DESCRIPTION OF POLLUTA	NT SOURCES			
A. For ea	ach outfall, provide an estimate o	f the area (include units	s) of impervi	ous surfaces (including paved	l areas and building roofs)
	the outfall, and an estimate of the				,
Outfall	Area of Impervious	Total Area Drained	Outfall	Area of Impervious	Total Area Drained
Number	Surface (provide units)	(provide units)	Number	Surface (provide units)	(provide units)
001,002	N/A	001,002See	005,006	N/A	See attached run-
007		attached run-off	010		off map
		map.			010 - 900 ft 2.
		007 - 400 ft 2			
1		(0.00)			
		150			
dispose	e a narrative description of sign ed in a manner to allow exposu ement practices employed to mi	re to storm water; met	hod of treat	ment, storage, or disposal; p	ast and present materials
areas; a	and the location, manner, and fre	quency in which pestici	des, herbicio	les, soil conditioners, and fert	ilizers are applied.
	locations are DOT Jurisdictional				
liquids, bot storage tank	h refined and crude type. In the cs. All tankage is contained with on. Only stormwater accumulate	case of outfall 007 storin secondary containment	rage includes ent dikes tha	s Jet Fuel only. All storage is t allot for 110% of storage ca	s located in above ground pacity for the largest AST
pollutaı	ch outfall, provide the location nts in storm water runoff; and a nance for control and treatment n	description of the treat	ment the sto	rm water receives, including	the schedule and type of
Outfall		reasures and the unima	te disposar o	rany sond or maid wastes on	List Codes from
Numbe	r	Treat	ment		Table F-1
001,002,005	5,006,0 None.				4-A
07,010.					
					· · · · · · · · · · · · · · · · · · ·
	RM WATER DISCHARGES				
A. I certify	under penalty of law that the ou				
A. I certify storm water	under penalty of law that the oudischarges, and that all non-stor				
A. I certify storm water or Form SC	under penalty of law that the oud discharges, and that all non-stor application for the outfall.				
A. I certify storm water or Form SC	under penalty of law that the oudischarges, and that all non-stor				
A. I certify storm water or Form SC	under penalty of law that the oud discharges, and that all non-stor application for the outfall.	m water discharges from	m these outfa	all(s) are identified in either a	an accompanying Form C
A. I certify storm water or Form SC Name and Office	under penalty of law that the or discharges, and that all non-stor application for the outfall.	m water discharges from	m these outfa	all(s) are identified in either a	nn accompanying Form C
A. I certify storm water or Form SC Name and Office John Swearin	under penalty of law that the oud discharges, and that all non-stor application for the outfall.	m water discharges from	m these outfa	all(s) are identified in either a	an accompanying Form C
A. I certify storm water or Form SC Name and Office	under penalty of law that the or discharges, and that all non-stor application for the outfall.	m water discharges from	m these outfa	all(s) are identified in either a	nn accompanying Form C
A. I certify storm water or Form SC Name and Office John Sweari Line LLC  B. Provide a test.	r under penalty of law that the ordischarges, and that all non-stor application for the outfall.  cial Title (type or print)  ngen, President Marathon Pipe  a description of the method used	m water discharges from	m these outfi	all(s) are identified in either a	Date Signed  9/22/09
A. I certify storm water or Form SC Name and Office John Sweari Line LLC  B. Provide a test.	r under penalty of law that the or discharges, and that all non-stor application for the outfall. cial Title (type or print) ngen, President Marathon Pipe	m water discharges from	m these outfi	all(s) are identified in either a	Date Signed  9/22/09
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A. I certify storm water or Form SC Name and Office John Sweari Line LLC  B. Provide a test.	r under penalty of law that the ordischarges, and that all non-stor application for the outfall.  cial Title (type or print)  ngen, President Marathon Pipe  a description of the method used	m water discharges from	m these outfi	all(s) are identified in either a	Date Signed  9/22/09
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A. I certify storm water or Form SC Name and Office John Sweari Line LLC B. Provide a test.	r under penalty of law that the ordischarges, and that all non-stor application for the outfall.  cial Title (type or print)  ngen, President Marathon Pipe  a description of the method used	m water discharges from	m these outfi	all(s) are identified in either a	Date Signed  9/22/09

2

Revised February 2002

VI. SIGNIFICANT LEAKS OR SPILLS

DEP 7032F

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last
three years, including the approximate date and location of the spill or leak, and the type and amount of material released.
None

LIK BYSCH ( BCF BYSONY ( WO)					
A B C & D: See instructions by	efore proceeding. Complete one se	t of tables for each out	fall Annota	te the outfall num	her in the space
provided. Tables F-1, F-2, and	F-3 are included on separate pages		iaii, Aiiiota	ite the outrain ham	oci in me space
	covered by analysis - is any toxic		ble F-2, F-3	3, or F-4, a substa	ance which you
currently use or manufacture as	an intermediate or final product or	by product.	,	,	,
Yes (list all such pollutan	ts below) No (	go to Section IX)			
VIII. BIOLOGICAL TOXICITY TE					
	reason to believe that any biologi		ronic toxici	ty has been made	on any of your
discharges or on a receiving water	er in relation to your discharge wit	hin the last 3 years?			
Yes (list all such results bele	ow) 🛛 No (	go to Section IX)			
	***************************************				
		a a			
IX. CONTRACT ANALYSIS INFOR					
Were any of the analyses reporte	d in item VII performed by a contr	act laboratory or consu	ılting firm?	_	
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	d telephone number of, and pollutants analy			; use additional sheets	if necessary).
				; use additional sheets	if necessary).
Yes (list the name, address and	d telephone number of, and pollutants analy	yzed by each such laboratory	or firm below;		
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY		or firm below;	D. Pollutant: Oil and Grease, TSS	s Analyzed , BOD5, Chlorine,
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	d telephone number of, and pollutants analy  B. Address	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS	s Analyzed , BOD5, Chlorine,
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed , BOD5, Chlorine,
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed , BOD5, Chlorine,
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed , BOD5, Chlorine,
<ul><li>✓ Yes (list the name, address and</li><li>✓ No (go to Section IX)</li><li>A. Name</li></ul>	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed , BOD5, Chlorine,
✓ Yes (list the name, address and No (go to Section IX)      ✓ A. Name  Refining Analytical& Development	B. Address 11631 U.S. Rt 23, Cattletsburg, KY	zed by each such laboratory  C. Area Code & Pho	or firm below;	D. Pollutant: Oil and Grease, TSS COD, TOC,	s Analyzed , BOD5, Chlorine,
	B. Address 11631 U.S. Rt 23, Cattletsburg, KY 41129	C. Area Code & Phe	or firm below;	D. Pollutant Oil and Grease, TSS COD, TOC, Temperature.	s Analyzed , BOD5, Chlorine, Ammonia, pH,
	B. Address 11631 U.S. Rt 23, Cattletsburg, KY 41129	C. Area Code & Pho 606-921-2649	one No.	D. Pollutant Oil and Grease, TSS COD, TOC, Temperature.	s Analyzed , BOD5, Chlorine, Ammonia, pH,
No (go to Section IX)  A. Name Refining Analytical& Development  X. CERTIFICATION I certify under penalty of law tha with a system designed to assure of the person or persons who ma	B. Address  11631 U.S. Rt 23, Cattletsburg, KY 41129  at this document and all attachment that qualified personnel properly ganage the system or those persons	C. Area Code & Pho 606-921-2649  ats were prepared under the directly responsible for the control of the contro	one No.	D. Pollutant Oil and Grease, TSS COD, TOC, Temperature.  ion or supervision submitted. Based the information, t	s Analyzed  , BOD5, Chlorine, Ammonia, pH,  in accordance on my inquiry the information
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No (go to Section IX)  A. Name Refining Analytical& Development  X. CERTIFICATION I certify under penalty of law tha with a system designed to assure of the person or persons who ma submitted is, to the best of my king submitting false information includes	B. Address  11631 U.S. Rt 23, Cattletsburg, KY 41129  at this document and all attachment that qualified personnel properly ganage the system or those persons nowledge and belief, true, accurateding the possibility of fine and improved the system of the system of the system or those persons nowledge and belief, true, accurated the possibility of fine and improved the system of	C. Area Code & Pho 606-921-2649  ats were prepared under the directly responsible foe, and complete. I am	er my directinformation or gathering aware that the given in the second control of the s	D. Pollutant Oil and Grease, TSS COD, TOC, Temperature.  ion or supervision a submitted. Based the information, t here are significants.	s Analyzed b, BOD5, Chlorine, Ammonia, pH, a in accordance l on my inquiry the information nt penalties for
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X. CERTIFICATION  Refining Analytical& Development  X. CERTIFICATION  I certify under penalty of law thawith a system designed to assure of the person or persons who masubmitted is, to the best of my known in the submitting false information inclusion.  NAME & OFFICIAL TITLE (1)  Mr. Ms. John Swearing SIGNATURE	B. Address  11631 U.S. Rt 23, Cattletsburg, KY 41129  at this document and all attachment that qualified personnel properly ganage the system or those persons nowledge and belief, true, accurateding the possibility of fine and integrated by the possibility of fine and	C. Area Code & Pho 606-921-2649  ats were prepared under the directly responsible foe, and complete. I am	one No.  er my direction information or gathering aware that the given are the control of the co	D. Pollutant: Oil and Grease, TSS COD, TOC, Temperature.  ion or supervision submitted. Based the information, there are significants. DDE AND PHON	s Analyzed b, BOD5, Chlorine, Ammonia, pH, a in accordance l on my inquiry the information nt penalties for
X. CERTIFICATION  Refining Analytical& Development  X. CERTIFICATION  I certify under penalty of law thawith a system designed to assure of the person or persons who masubmitted is, to the best of my known in the submitting false information inclusion.  NAME & OFFICIAL TITLE (1)  Mr. Ms. John Swearing SIGNATURE	B. Address  11631 U.S. Rt 23, Cattletsburg, KY 41129  at this document and all attachment that qualified personnel properly ganage the system or those persons nowledge and belief, true, accurateding the possibility of fine and improper or print)	C. Area Code & Pho 606-921-2649  ats were prepared under the directly responsible foe, and complete. I am	er my direction information or gathering aware that the griolations AREA CO	D. Pollutant: Oil and Grease, TSS COD, TOC, Temperature.  ion or supervision submitted. Based the information, there are significants. DDE AND PHON	s Analyzed b, BOD5, Chlorine, Ammonia, pH, a in accordance l on my inquiry the information nt penalties for

OUTFALL NO: 001 & 002

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

		Maximum Values (include units)		e Values le units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	BDL	N/A	BDL	N/A	1	N/A
Biological Oxygen Demand BOD <sub>5</sub>	3 mg/L	N/A	3 mg/L	N/A	1	Unknown
Chemical Oxygen Demand (COD)	37 mg/L	N/A	37 mg/L	N/A	1	Unknown
Total Suspended Solids (TSS)	65 mg/L	N/A	11 mg/L	N/A	12	Soil excavations
Total Kjeldahl Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Nitrate plus Nitrite Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Total Phosphorus	BDL	N/A	BDL	N/A	1	N/A
рН	Minimum	Maximum	Minimum	Maximum	12	N/A

requirements.					<del></del>	
	Maximu	m Values	Averag	e Values		
	(includ	e units)	(includ	le units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
N/A						

	Maximum Values		Average	Values		
Pollutant and CAS Number (if available)	(include units)		(include	units)		
	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
I/A			8 99 455	*		
			5 3			
			141.40			
			= =			
t D - Provide data fo	or the storm event(s) which	ch resulted in the maxim 3.	num values for the flow-we	righted composite samp	ole.	6.
Date of Storm Event	Duration of Storm Event (in minutes)	Total rainfall during storm event (in inches)	Number of hours between beginning of storm measured and end of previous measurable rain event	Maximum flow rate during rain event (gal/min or specify units)	event	ow from rain (gallons or ify units)
A						
			72			
Provide a description A	of the method of flow n	neasurement or estimate				
•						

OUTFALL NO: 005 & 006

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	Maximum Values (include units)			e Values le units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	BDL	N/A	BDL	N/A	1	N/A
Biological Oxygen Demand BODs	3 mg/L	N/A	3 mg/L	N/A	1	Unknown
Chemical Oxygen Demand (COD)	37 mg/L	N/A	37 mg/L	N/A	1	Unknown
Total Suspended Solids (TSS)	65 mg/L	N/A	11 mg/L	N/A	12	Soil excavations
Total Kjeldahl Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Nitrate plus Nitrite Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Total Phosphorus	BDL	N/A	BDL	N/A	1	N/A
рН	Minimum	Maximum	Minimum	Maximum	12	N/A

	Maximur (include	n Values e units)	Average (includ	e Values e units)		Sources of Pollutants
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	
N/A						
		-				

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall. Maximum Values Average Values (include units) (include units) Pollutant and Grab Sample Grab Sample Number of **CAS Number** Taken During 1st Taken During 1st Flow-weighted Flow-weighted Storm Events Sources of (if available) 20 Minutes Composite 20 Minutes Composite Sampled **Pollutants** N/A Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample. 1. 2. 3. 4. 6. Date of Duration of Total rainfall Number of hours Maximum flow Total flow from rain Storm Event Storm Event during storm between beginning of rate during event (gallons or (in minutes) event (in inches) storm measured and rain event specify units) end of previous (gal/min or measurable rain event specify units) N/A 7. Provide a description of the method of flow measurement or estimate. N/A

OUTFALL NO: 007

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

		Maximum Values (include units)		e Values le units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	BDL	N/A	BDL	N/A	1	N/A
Biological Oxygen Demand BOD <sub>5</sub>	3 mg/L	N/A	3 mg/L	N/A	1	Unknown
Chemical Oxygen Demand (COD)	37 mg/L	N/A	37 mg/L,	N/A	1	Unknown
Total Suspended Solids (TSS)	65 mg/L	N/A	11 mg/L	N/A	12	Soil excavations
Total Kjeldahl Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Nitrate plus Nitrite Nitrogen	BDL	N/A	BDL	N/A	1	N/A
Total Phosphorus	BDL	N/A	BDL	N/A	1	N/A
pН	Minimum	Maximum	Minimum	Maximum	12	N/A

requirements.	T	X7.1	· · · · · ·			
	VIAXIMI (inclus	ım Values le units)	Averag	ge Values de units)		
Pollutant and CAS Number (if available)	utant and Grab Sample Grab Sample Grab Sample Taken During 1st Flow-weighted Taken During 1st Flow-weighted Stor	Number of Storm Events Sampled	Sources of Pollutants			
Polynulcear Aromatic Hydrocarbons	BDL	N/A	BDL	N/A	12	Jet fuel stored on site.

	Maximu (includ		Average (include	Values units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Α.				-		
					<del>                                     </del>	
			-			
D. Danvida dati C		1. 1: 4				
1.	the storm event(s) whice 2.	3.	num values for the flow-we	ighted composite samp	ole.	6.
Date of Storm Event	Duration of Storm Event (in minutes)	Total rainfall during storm event (in inches)	Number of hours between beginning of storm measured and end of previous measurable rain event	Maximum flow rate during rain event (gal/min or specify units)	event (	w from rain gallons or fy units)
			measurable fair event	specify units)		
ovide a description	of the method of flow m	easurement or estimate				

OUTFALL NO: 010

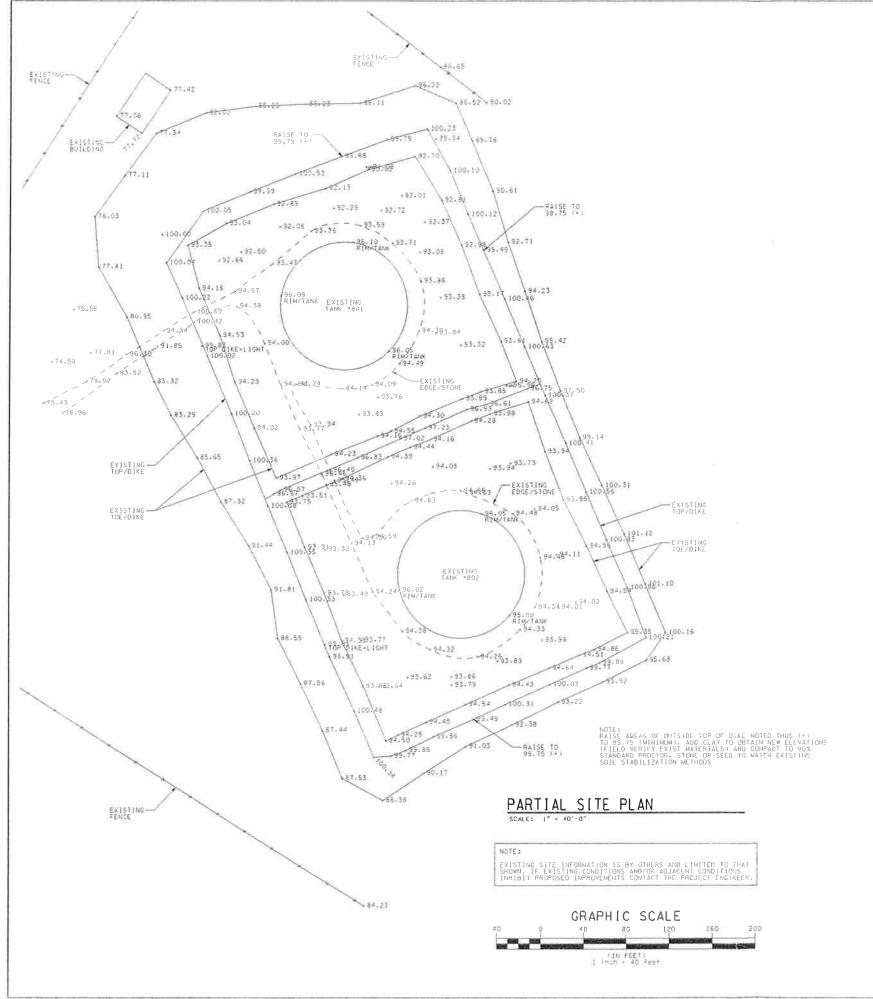
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

		m Values le units)	1	e Values le units)			
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants	
Oil and Grease	BDL	N/A	BDL	N/A	1	N/A	
Biological Oxygen Demand BOD <sub>5</sub>	3 mg/L	N/A	3 mg/L	N/A	1	Unknown	
Chemical Oxygen Demand (COD)	37 mg/L	N/A	37 mg/L	N/A	. 1	Unknown	
Total Suspended Solids (TSS)	65 mg/L	N/A	11 mg/L	N/A	12	Soil excavations	
Total Kjeldahl Nitrogen	BDL	N/A	BDL	N/A	1	N/A	
Nitrate plus Nitrite Nitrogen	BDL	N/A	BDL	N/A	1	N/A	
Total Phosphorus	BDL	N/A	BDL	N/A	ī	N/A	
рН	Minimum	Maximum	Minimum	Maximum	12	N/A	

		m Values le units)	Averag	e Values le units)			
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 <sup>st</sup> 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants	
N/A						148	

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall. Maximum Values Average Values (include units) (include units) Pollutant and Grab Sample Grab Sample Number of Taken During 1st **CAS Number** Taken During 1st Flow-weighted Flow-weighted **Storm Events** Sources of (if available) 20 Minutes Composite 20 Minutes Composite **Pollutants** Sampled N/A Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample. Date of Duration of Total rainfall Number of hours Maximum flow Total flow from rain Storm Event Storm Event during storm between beginning of rate during event (gallons or (in minutes) event (in inches) storm measured and rain event specify units) end of previous (gal/min or measurable rain event specify units) N/A 7. Provide a description of the method of flow measurement or estimate. N/A

**Stormwater Run-off Maps 001, 002, 005, 006** 





(SHARED DIKE AREA) TANKS #801 & #802:

N

EXISTING CAPACITY OF CONTAINMENT AREA EXISTING CAPACITY OF LARGEST TANK 110% CAPACITY OF TANK NEEDED INCREASE TO CONTAINMENT AREA IMPROVED CAPACITY OF CONTAINMENT AREA

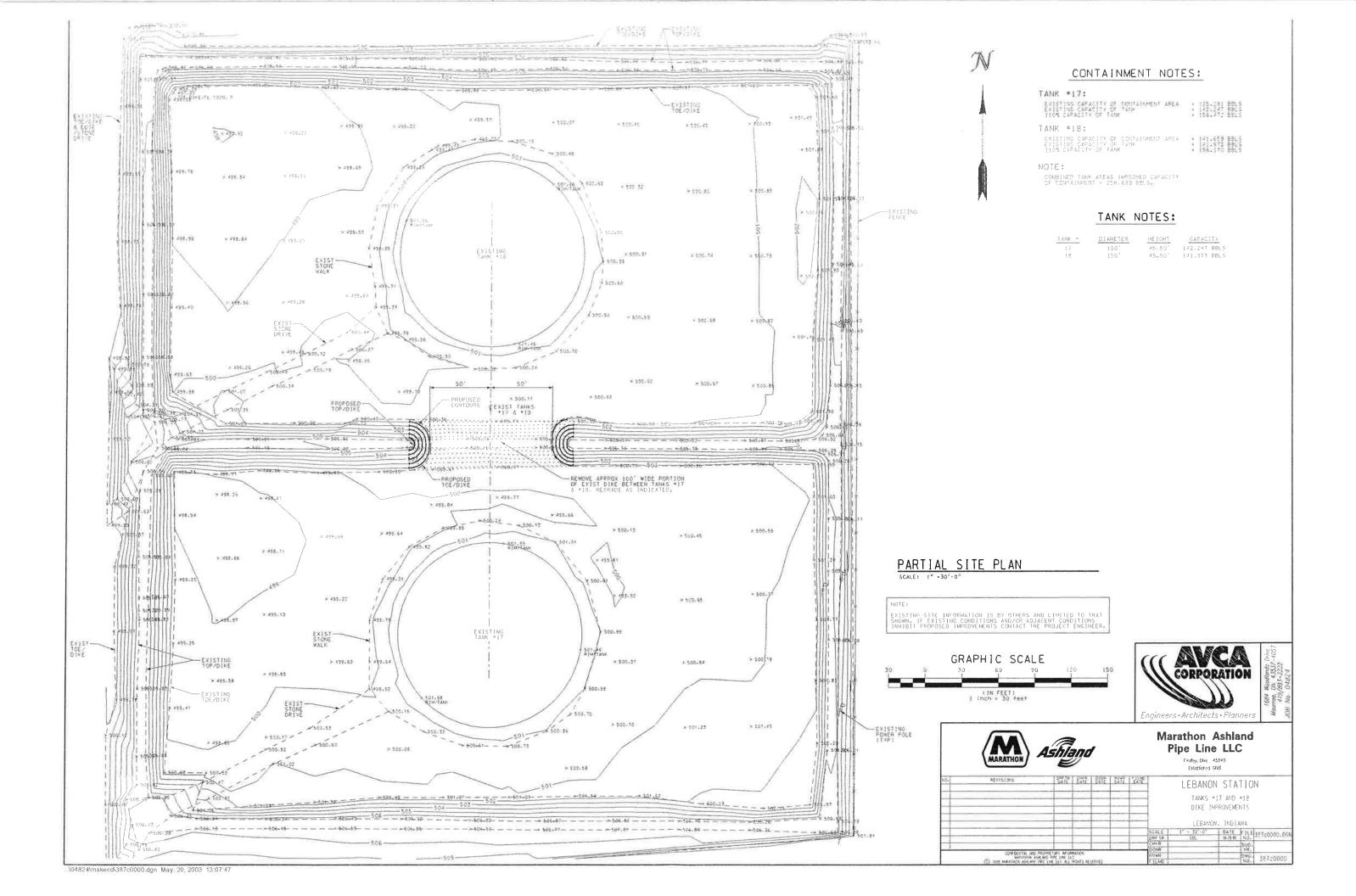
# TANK NOTES:

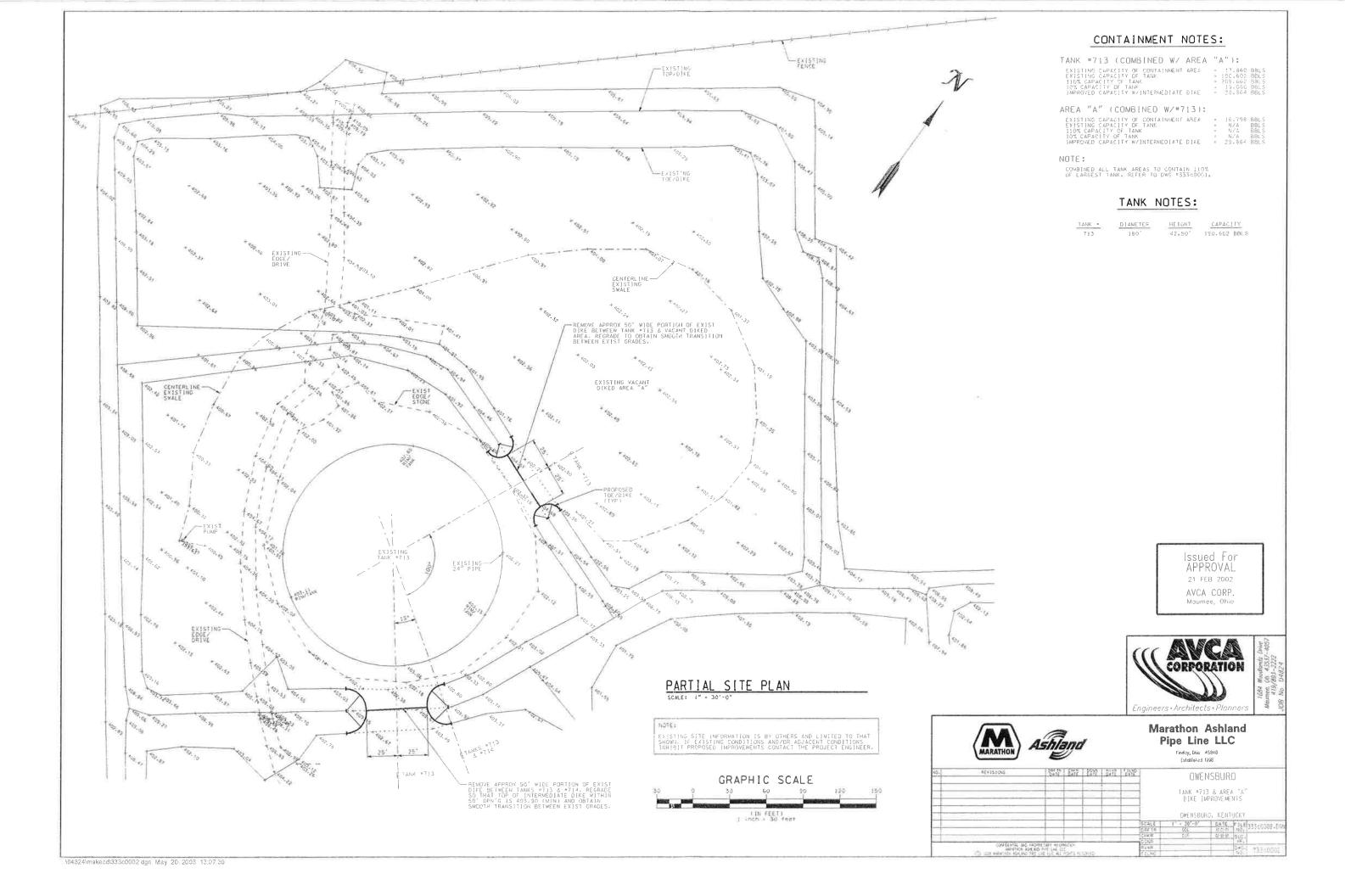
TANK =	DIAMETER	HEIGHT	CAPACITY		
801	117°	58.75	112.014 BBLS		
802	117'	58.75	112.083 BBLS		

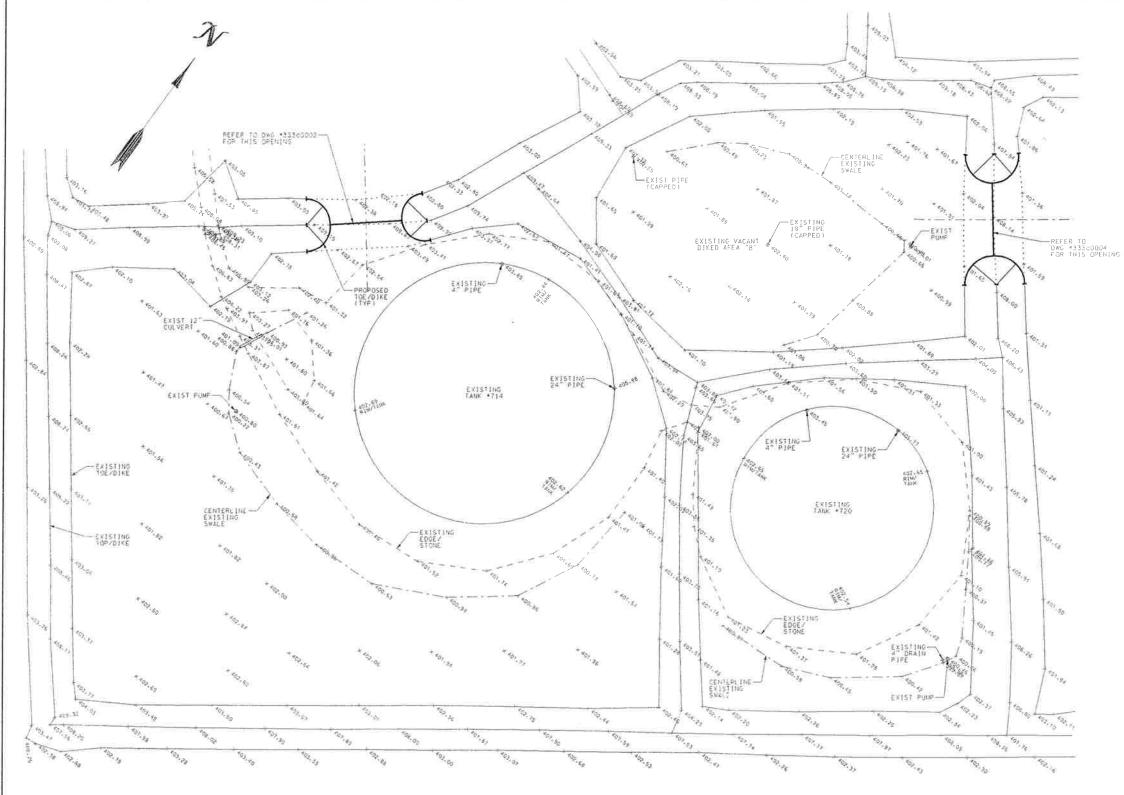




LEBANON JUNCTION TANKS \*801 AND #802 DIKE IMPROVEWENTS LEBANON JUNCTION, KENTUCKY







### CONTAINMENT NOTES:

#### TANK #714:

EXISTING CAPACITY OF CONTAINMENT AREA EXISTING CAPACITY OF TANK 110% CAPACITY OF TANK 10% CAPACITY OF TANK 10% CAPACITY OF TANK 10% CAPACITY OF TANK

#### TANK #720:

EXISTING CAFACITY OF CONTAINMENT AREA EXISTING CAFACITY OF TANK 10% CAFACITY WINTERMEDIATE DIKE

EXISTING CAPACITY OF CONTAINMENT AREA = 14.107 BBLS
EXISTING CAPACITY OF TANK = N/A BBLS
110% CAPACITY OF TANK = N/A BBLS
110% CAPACITY OF TANK = N/A BBLS
1MPROVED CAPACITY W/INTERMEDIATE DIKE = N/A BBLS

#### NOTE:

COMBINED ALL TANK AREAS TO CONTAIN 110% OF LARGEST TANK. REFER TO DWG =33300001.

# TANK NOTES:

TANK "	DIAMETER	HETGHT	CAPAC:	TY.
714	180'	42.50	190,722	BBLS
720	140'	42.50'	115.847	BBLS

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ngineers • Architects • Plan



# Marathon Ashland Pipe Line LLC

Findley, Ohio 45840 Established 1998

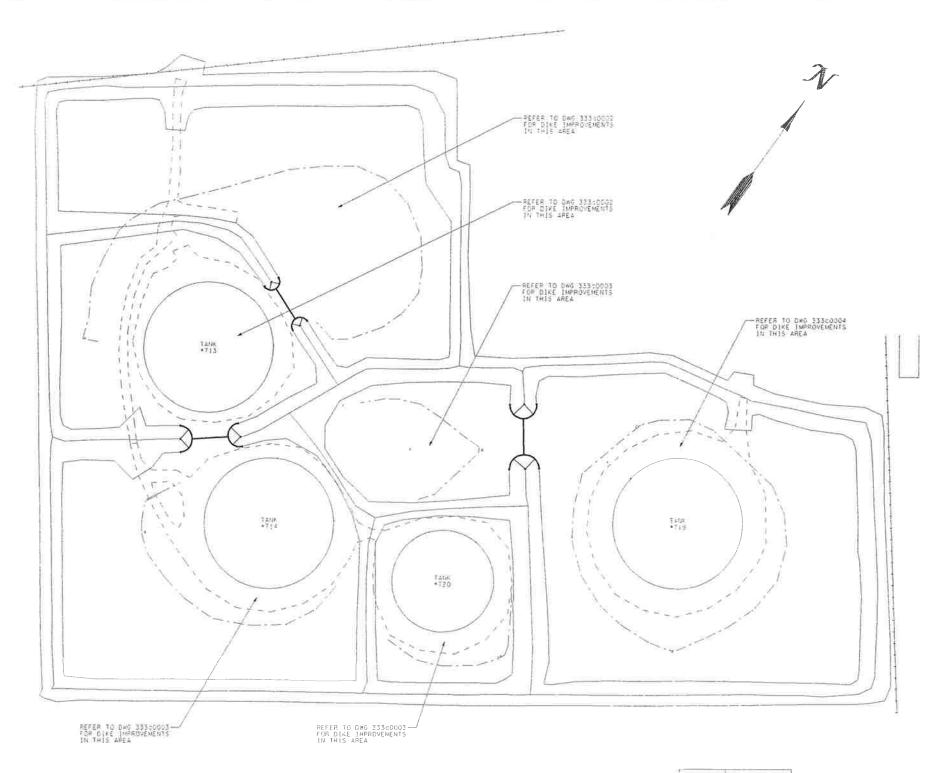
				2500-5-1-3 1030							
NO. HEVISIONS		SATE	East	85%	STAR CATE	SHE		NSBURO			
			TANK =714,=720 & DIKE JMPROVE				720 & AREA "B" PROVEMENTS				
-						-		OWENSBUR	O. KENTUCKY		
							GRETH	50L	047E FILE 333:0003-DO		
							NGNE-		F.M.E. Jest		

# PARTIAL SITE PLAN

NOTE:

EXISTING SITE INFORMATION IS BY GTHERS AND LIMITED TO THAT SHOWN. IF EXISTING CONDITIONS AND/OR ADJACENT CONDITIONS INHIBIT PROPOSED IMPROVEMENTS CONTACT THE PROJECT ENGINEER.





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AVCA CORPORATION

# SITE LOCATION PLAN

NOTE: EXISTING SITE INFORMATION IS BY DIHERS AND LIMITED TO THAT SHOWN. IF EXISTING CONDITIONS AND/OR ADJACENT CONDITIONS INHIBIT PROPOSED IMPROVEMENTS CONTACT THE PROJECT ENGINEER.



TANV NUMBER	CONTAINMENT BASED ON LOW POINT OF 406.48
T 13	55.680
714	67.477
719	188.359
720	41.019
AREA SIGRIH OF 713	95,172
AREA NORTH OF 714	24.501
TOTAL	473.408

MINIMUM REGULAÇO 203.794 | 110% |

NOTE: COMBINE ENTIRE DIKE AREA SHOWN TO OBTAIN 110% MINIMUM OF LARGEST TANK.

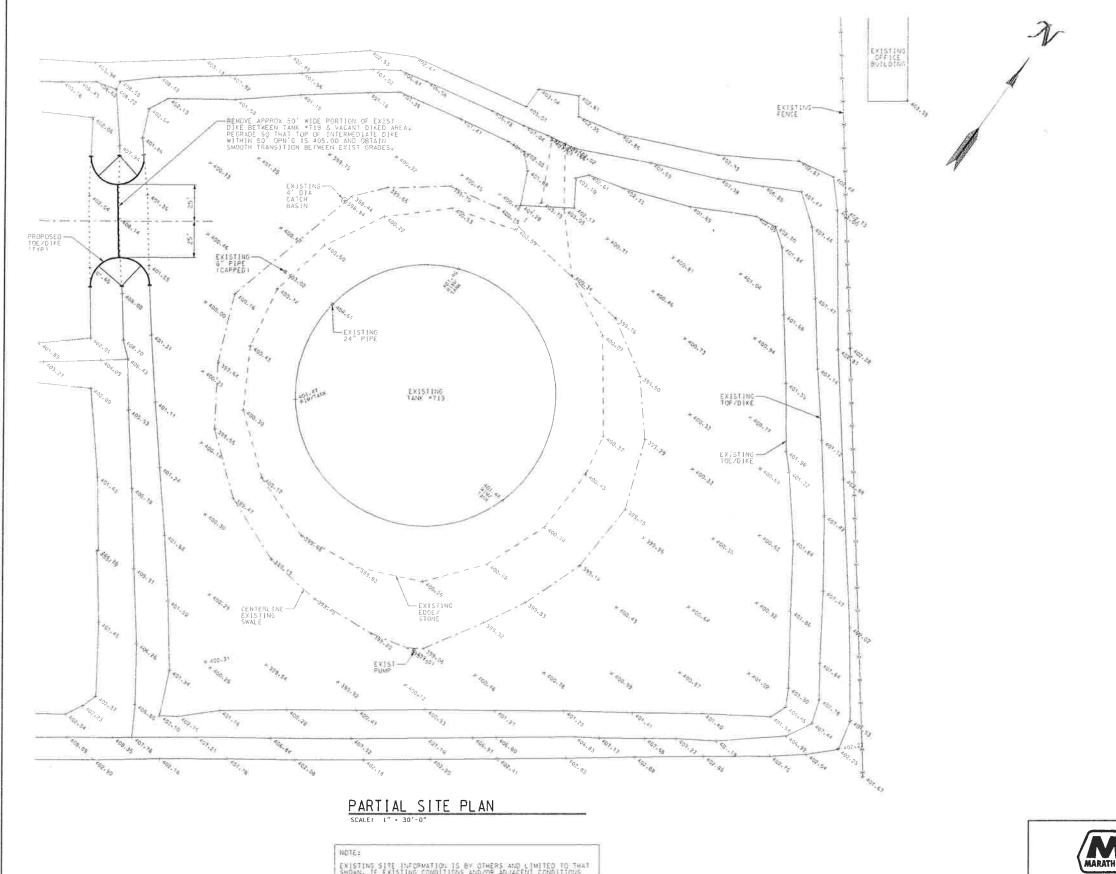
- 110% LARGEST TANK = 209,794 BBLS.
- TOTAL EXTERNAL DIKE WITH 406.48 AS LOW POINT = 473,400 BBLS.



# Marathon Ashland Pipe Line LLC Finday, Ohio 45840 (subsidied 1998

Engineers • Architects • Planners

								Established 1	339		
vo.	2EV151015	597E	1 600   600   600   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000   1000				OWE	OWENSBURO			
							SITE LOCATION PLAN DIKE IMPROVEMENTS				
+-								OWENSBUR	O. KENT	UCKY	
							SCALE DAFTA CHER	1" + 50"-0" 977. 0)F	DATE CUER BHILL	FILE NO.	353c0001-Dot
CONCRETE AND INVESTOR IN OWNERS IN THE SECOND SECON						FVAR F1,40		1	0+0,	335:000:	



GRAPHIC SCALE

| IN FEET) | Inon = 30 feet

# CONTAINMENT NOTES:

TANK #719:

EXISTING CAPACITY OF CONTAINMENT AREA
EXISTING CAPACITY OF TANK
110% CAPACITY OF TANK
10% CAPACITY OF TANK
10% CAPACITY OF TANK
10% CAPACITY OF TANK
10% CAPACITY OF TANK
15.05 BBL
1980 CAPACITY WINTERMEDIATE DIKE
15.05 BBL

NOTE:

COMBINED ALL TANK AREAS TO CONTAIN LIGHT OF LARGEST TANK. REFER TO DWG #35300001.

# TANK NOTES:

HEIGHT CAPACITY
42.50' 190.531 BBLS

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# Marathon Ashland Pipe Line LLC Finday, 0% 45840 Eslocishes 1998

			ESTOCIONES E	***			
REVISIONS	SATE CATE	ESY2   3	77 700°				
				TANK #719 DIKE IMPROVEMENTS			
					OWENSBUR	O. KENTUCKY	
				SCALE DRF 1R	1" = 30"+0"	BATE FILE	33340004.00
	Regression of Direction		1	OGNE	D)F.	\$5.00 (B)	
CONTRACTOR INC.	served cars on heavily a			BYAS: I		The Park	